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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/561,650 Conf. # 7669
	Filing Date	March 7, 2007
	First Named Inventor	Carolyn Mayston, et al.
	Art Unit	1795
	Examiner Name	
	Attorney Docket Number	66775-0009

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or Individual Name **RADER, FISHMAN & GRAUER PLLC
Michael B. Stewart**

Address	39533 Woodward Avenue Suite 140
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City	Bloomfield Hills
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Country	US	State	MI	Zip	48304
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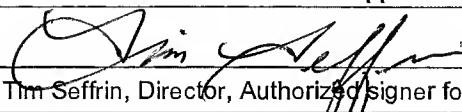
Telephone	(248) 594-0600	Email	mbs@raderfishman.com
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature



Name

Tim Seffrin, Director, Authorized signer for Assignee

Date

15 July 2008

Telephone

231-724-1870

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐*Total of 1 forms are submitted.